Better Homes and Centers

Department of Consumer and Industry Services

POTPOURRI

Issue 44

Fall, 1997

Dear Reader,

This publication shares with the child care community, parents, and other interested persons, topical information regarding young children who are cared for in licensed child care settings.

We encourage child care providers to make this publication available to the parents of the children in care or to provide them with the web address so they may receive their own copy.

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FAREWELL, GOOD-BYE, SO LONG...

We dedicate this issue of Better Homes and Centers to the area managers, licensing consultants and clerical support who retired on June 1, 1997. Thank you for your years of dedication, to consultation and regulation. Your expertise is sorely missed.

Carole Grates, Area Manager
Hilde Weems, Area Manager
Marilyn Mikel, Area Manager
Ann Weinstein, Area Manager
Gale Parker, Clerical Support
Joan Smythe, Licensing Consultant
Tom Dunleavy, Licensing Consultant
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Tommie Lee, Licensing Consultant
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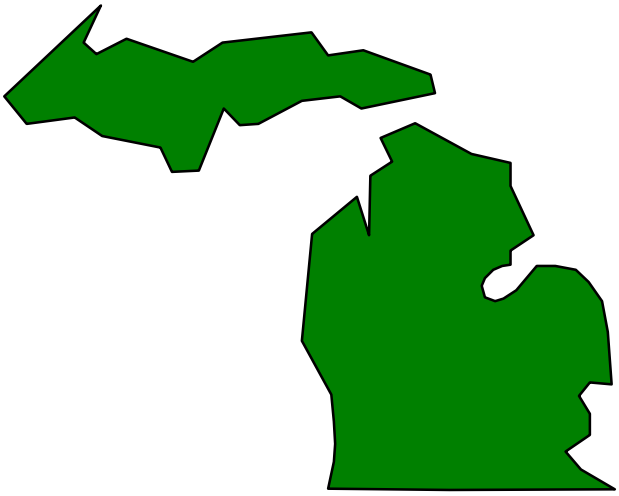
Henrietta Parish, Licensing Consultant



DIRECTOR'S CORNER

I wish to comment briefly on a recent series of articles that emphasize the importance of early brain development and the implications for future social, intellectual and emotional functioning of children.

The scientific community is discovering what early childhood experts have known for years. A young child denied opportunities is a young child denied potential.

New brain research underscores the importance of a child's first three to four years in learning and development. Experiences that fill a baby's first days, months and years have a decisive impact on the design of his brain and thus, the nature and extent of his capacities as an adult.

The most important contribution to children's development is having a warm, caring and responsive relationship with an adult who teaches and takes care of him.

Presently, over 325,000 children are cared for in 22,000 licensed child care facilities in Michigan. As a child care provider you have an opportunity to contribute to the development and future successes of children in your care. Unfortunately, you may never see the direct results of the care and nurturing you have given as the children progress into adulthood. However, whether you see it or not, be assured you did have an impact.

Child care is an awesome responsibility as well as an exciting opportunity. I commend all of you for your commitment to provide child care for children other than your own. Michigan is indeed fortunate to have people willing to commit their professional lives to child care and to the development of Michigan's children.

Sincerely,

Ted deWolf, Director
Child Day Care Licensing Division

Please send articles for consideration in future issues to:
Better Homes and Centers
Division of Child Day Care Licensing
1301 Sunset, P.O. Box 30272
Lansing, MI 48909

A CHILD CARE STORY

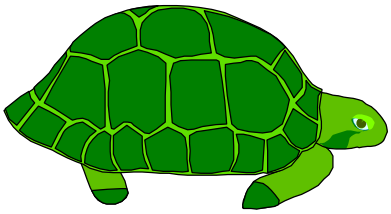
J. Mark Sullivan, Executive Director
Michigan 4C Association

Once upon a time, a long time ago in a land far away, all beings lived in harmony. All beings--the animals, the reptiles, the insects, and the humans--could communicate with each other. They all shared a common purpose: to raise the young members of their villages. This was a time when the expression, which is now popular, "it takes a whole village to raise a child" was actually first spoken.

All of the beings shared the belief that the most important thing was to provide the young with the tools, skills and strengths which would permit them to eventually join the adults in preparing new generations.

Everyone--all beings--shared a wealth of knowledge about what were the most important things in raising the young and, they all used this knowledge to nurture children who grew up to be secure and capable and caring.

As in many stories of times long ago and far away, the blissful life of working together to raise the young did not last forever. At a point in time which no one remembers, greed and fear created problems. If you talk to the elders, some will say that it was the turtle's fault: "He should never have been allowed to keep everything he needed inside of his shell." Others blame the hyena, who gained a reputation of stealing and laughing about it. Still others say that it was the spider--"the spider clearly shows its lifelong embarrassment by the way it hides in corners." It really doesn't matter, because, no matter who was responsible, attitudes changed, people changed, the other beings changed.

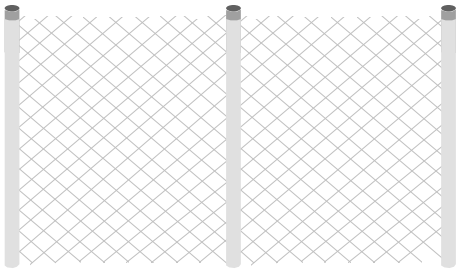


Greed and fear became so much of a problem that the beings stopped associating with each other. The humans started building fences in order to keep the animals and reptiles away.

The humans were sure that the source of greed came from one of the other species and that the best way to protect themselves was to separate themselves from the others. Over time, the separation caused the beings to lose their ability to communicate with each other. Thus, the humans were able to speak only with other humans, the reptiles with other reptiles, and the animals only with other animals.

For a long time, the humans stayed true to their purpose and, in the villages behind the fences, they lived in harmony and enjoyed their young children. The tradition of caring for others by caring for children continued to pass from generation to generation and the children grew strong and smart and capable.

Imperceptibly at first, just as a small rivulet becomes a creek and only over many, many centuries carves a gorge, greed and fear found its way into the lives of the humans. When the humans recognized that the problems which they thought that they had fenced out were present even in their own villages, they built more fences hoping that they could keep their children free and pure. More fences meant less contact and, again, almost imperceptibly, the members of the village stopped sharing the responsibilities of raising all of the children. They began, instead, to keep the children separated from each other. The purpose of raising children became solely the parents' responsibility. The elders tried many times to recreate caring villages, but to no avail. Parents became the only ones interested in the children--and, to a large extent--interested only in their children. No one thought that the fences, rather than isolating people from problems, might have contributed to the problems.



The water that flows in the stream always seems the same but is always changing. So it was with families. Families appeared the same but were also changing. The parents wanted to carry on their purpose of raising the children and creating new generations of caring, healthy adults, but events and time conspired against them. People became interested in other pursuits and parents had to find others who could share their responsibilities. Most of the time, parents found it hard to find someone who could provide the nurturing, the care and the attention that their children deserved. They turned to neighbors or friends or relatives. They were trying to find partners who would share in caring for children.

sponsibility of caring for the children. These individuals were called by many names--baby sitter, nanny, and sometimes, even "teacher." I prefer to call them "caregivers" because they give of themselves to care for young children.

The work of these individuals was not easy. Many had to relearn the concepts and traditions of child rearing. Some learned from others who had more experience. Some learned from the children themselves. Some were parents who shared their skills with other adults and with the children of other families. All of the good ones seemed to have a special mixture of heart and soul. All of the good ones saw their work as a partnership with parents. They took on the task of working for parents with little recognition and even less pay. Clearly, they had chosen a career because of love.

The caregivers rediscovered and started using the best practices of the old ways of the villages. They relearned the old laws. They discovered that reading to a child creates children who read. They learned that attachment and attention promote self-esteem. They learned the paradoxes: that play is really a lot of work and the work of children is play. They tried new and innovative ways of ensuring that the children would grow up to be healthy and strong.

Many of the adults thought that the work of the caregivers was unimportant. Having lived behind fences for so long, many had forgotten the skill and patience needed to do a good job of raising young children. Many discounted the work of the young children's caregivers. "Anyone can do that," they often said.

But, the caregivers worked on. They worked to eliminate mental fences by celebrating diversity. They created classrooms and groups where every child was special, where all children were celebrated for the unique skills and talents they possessed. The caregivers reduced isolation by becoming, in a way, members of the children's extended family.

The caregivers began to tear down other fences, too. They learned ways to help children express their feelings in words rather than hiding them. They found ways to stimulate a child's curiosity and them to help the child find the answers to the questions the children themselves asked. They found ways to foster creativity and to permit children to think "outside of the fences."

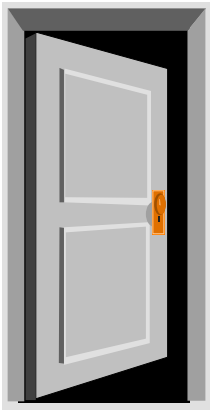
The caregivers carried on their work in homes and church basements, in schools and in community centers. They had to learn to create the tools and instruments of learning because few resources were available. They became exemplary "recyclers" because they used the throwaways of others to create new learning opportunities for children.

As with every change, little by little some people began to notice the work of the good caregivers. The people in the communities began to discover what the parents had already discovered: the caregivers were not only capable, their work was important.

At the same time, a few protested that the caregivers were destroying the villages and that families should keep their children behind the fences. Many others thought of child care, not as a developmentally appropriate environment for children, but as a service for parents. These individuals were more concerned about the number of spaces for children while their parents were away rather than **what happened** to the children when the parents were not present.

The parents knew that the most important thing was the focus on the children. Their partners, the caregivers, also knew, but they were continually confronted with the same old attitudes that "child care was easy," "anyone can do that," and, most perplexing: the attitudes that children didn't really

But gradually, attitudes changed. To a large extent, the communities **liked** the "openness" of the places where the caregivers worked. They liked the homes and the centers where they left their children. They also liked the attitudes the caregivers brought to their work. They liked to see that there were places where working with children was the most important focus. It was fun to see the excitement and joy on the faces of young children as they described new discoveries and new experiences and new people. It was fun to be among people who described each other by what they could do rather than what they could not do. It was clear that positive environments foster positive feelings. Positive feelings erase fear. Positive feelings



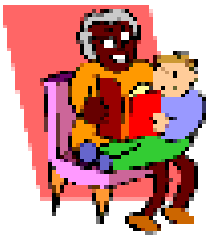
For their part, the caregivers had always understood the serious side of their work. They had long understood the impact of their work and knew that it was imperative that they do the best job they could every day and with every child in their care. In addition to spending 10 hour days with children, they gathered in the evening to learn from each other and to discover new ideas. When they weren't meeting with each other or learning new ideas, they were gathering more resources for the children. They worked with the elders and leaders to ensure that **all** children who were in care received the best care that was possible. They performed these amazing feats on a daily basis--it seemed as if they could slow time and make 28 hours fit in a 24 hour day.

The people who worked in child care were used to working in adverse conditions. They were used to having their work (and value) discounted. Nonetheless, they continue their work undaunted. They believed that if they could lower the fences of people's minds, people would more clearly see the important work they conducted every day.

The story has a happy ending. The gurus of the villages--by this time called "researchers"--began to confirm what the caregivers had learned through their work (and to confirm why the caregivers had chosen their work): good child caring has positive impacts on children. While this seemed self-evident to the parents and the caregivers, it was "news" to those who had created fences between themselves and children. The news traveled slowly at first but picked up momentum.

Soon, in every corner of the land, people began to accept the importance of caregivers. People had come to understand the importance of learning and development in a child's earliest years. People began to agree with the caregivers that more should be invested to ensure that all children who needed care would have an opportunity to be in a safe, developmentally appropriate environment. They shifted their resources and discovered that they could increase their investment better if they invested in young children rather than waiting to remediate a problem later in life. Good investments garnered confidence and confidence garnered more investments.

So, it was proclaimed that throughout the land that the partnership--between parents and caregivers to raise the children--was the most important role in the villages. The proclamation meant that caregivers had more resources (and more pay) to perform their most important work. The proclamation means that parents could rest assured that their children were in safe and developmentally appropriate environments. The proclamation meant that diversity was more important than fences. The proclamation meant that children were again the focus of our villages and our society. The proclamation meant that we were assured a better future.



Some may think that this is a fairy tale. But if you don't believe that it can happen, it never will. I believe that my story can happen because I believe in you.

On behalf of the parents of the children and our society, I thank you for the wonderful things you make happen every day.

Reprinted with permission from *Beacon*, a publication of the Michigan Association for the Education of Young Children newsletter, Winter 1997.

THE "LOOKS" OF DIVERSITY

Carole J. Hamilton, Director
Early Childhood Center Sites
Jeffries Homes and University Tower
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Diversity: *What does it look like in an early childhood setting? What is the role of the adults in addressing it? Where do we look for guidance to help us understand and nurture it?*

Diversity is the "looks" of all of the people in the setting (children, families, staff) and the thoughts and actions of those people. Take several snapshots of your setting. They will provide a view of the diversity in your facility. Reflect upon those views and begin to develop an understanding and appreciation of them. It is easy to see the many physical characteristics such as skin tones, body types, facial features, well-developed or underdeveloped bodies, gender and race. Adults who respect and appreciate children and families, do not favor one look over another. They look deeper than "cute". They show photos or pictures of "real" people, not selecting a look from magazines. They feature the look of their own families and community including disabled people.

Beyond the physical characteristics are the thoughts and behaviors of people. The children, their families, and the staff all bring to the child care setting their thoughts, values, behaviors, and culture.

Understanding children and their culture minimizes misunderstandings about behaviors. All of us who work with children, families, and staff recognize that diversity in backgrounds of people brings many challenging moments. Diversity within a setting, forces us to understand the individuals and to assess their behaviors and to choose appropriate strategies. It is important to select strategies that offer us an opportunity to make "comforting connections."

One positive connection is to document what we see, rather than making assumptions. I emphasize, *what we see not what we feel.* For example, it seems that Johnny is always hitting, but, why? And what happens before he hits? Is there someone provoking him? Do we ever write down exactly what happened? Corey never says "Thank you." Does that indicate that he is an impolite child? Sahida does not say "Good Morning" to the teachers. Does the staff know that she just moved to Detroit from Egypt? Her family is also very uncomfortable. How do we make a connection with them? One way is with a smile and a "hello", everyday, whether they smile or not. How do we educate the children about Sherry and her wheelchair? They need to know that her legs were not strong when she was born. They need to begin to assist her if she needs help or asks for help. Her needs, like those of all children, should be owned by the group.

Where do we look for guidance in understanding diversity? The National Association for the Education of Young Children has set forth some guiding principles in its Code of Ethical Conduct for Early Childhood Professionals (1989). The code provides a moral and humanistic framework to guide providers in their daily actions with young children and their families. It does not tell us "what to do," but tells us our responsibilities to children, their families and the community. Patricia Ramsey's *Teaching and Learning in a Diverse World* (1980) provides broad goals for the values of a multi-cultural education. Janice Hale's *Black Children:Their Roots, Culture and Learning Styles* (1986) speaks to the importance of understanding the learning styles of African American children.

LANGUAGE DOES NOT HAVE TO BE A BARRIER

Shereen Arraf, Ph.D.
Coordinator of Bilingual and Compensatory Education
Dearborn Public Schools

Every culture has its own characteristics. The types of religious practices, kinds of dress, variety of foods, music, dances and types of homes are but a few examples. Child care providers can create environments where respect of diverse values, customs and habits can be fostered. Exploring other languages and ethnic foods, songs and literature are some of the ways that help children appreciate other cultures and their own.

It takes understanding for child care staff to work effectively with parents of different cultures. Working in partnership with the child care setting may be new to these parents. Plan programs and activities carefully to encourage their involvement. It is especially important to include them in designing these programs and activities.

Parents of different cultures may be reluctant to participate because of fears and lack of experience with the child care setting. Encourage them to come to child care with other family members or neighbors. In many cultures, individuals are interdependent and like to do things in groups.

Another way to encourage parent participation in your program is through volunteer activities. Provide opportunities that allow them to be experts and role models. Survey them about their hobbies and interests and then call on them to share with the children. If your program has a parent advisory board or committee, recruit these parents to serve. Give them emotional and social support in this capacity to help increase their confidence as teachers of their own children.

Child care providers and staff also need to learn about the families and communities they serve. If language differences create barriers to learning about the different cultures in the community, a bilingual parent can serve as a community liaison and interpreter. Other volunteer parents can be valuable resources that provide insights into the community.

Following are some suggested strategies for involving parents of different cultures in your program:

- Plan activities where parents of all cultures can work together. Prepare a file of classroom activities for parents to use with children when they volunteer. Have bilingual directions. Go through the activities with parents beforehand so they can be comfortable working with the children without further assistance.

- Have parents that are comfortable volunteering in your home or program talk with other parents and encourage them to participate in parent activities.

- Recognize parents' contributions and praise them for their efforts as well as their accomplishments.

- List bilingual contact persons at neighborhood clinics, community agencies, the local Family Independence Agency, the health department, adult and continuing education classes, and associations and clubs.

- Collect bilingual brochures and booklets about community resources.

Good child care settings respond to the strengths and needs of all their families. Each community has its own resources. Helping parents link to theses resources will give them the supports they need. This in turn will give them more confidence to participate in their child's program. And finally, since children's behavior often reflects past cultural experience, it is important for child care providers and staff to understand the child's culture. By understanding the culture, you will better understand the child.

A FATHER'S POINT OF VIEW

Michael R. Warner,
McPherson Hospital
Livingston County

As the former licensing consultant for Livingston County, Sandra Settegren attended a meeting with Mike Warner. During that meeting, he spoke of his feelings about putting his infant son in child care. His concerns from a father's point of view are concerns we, in child care, often do not realize. It is much easier for caregivers, who are most often women, to identify with the mother's point of view. Fathers, too, have guilt feelings and a great deal of fear about the whole process of finding child care. Sandra asked Mike to share his experience with us.

As a child, I was fortunate to grow up in a traditional suburban household. My mother was a stay-at-home mom who handled most of the child rearing responsibilities while my father was the hunter-gatherer or worked to support his family. My brother, sister and I never had the opportunity to experience child care except for the occasional "baby-sitter" who would come once or twice a month to give my parents some much needed respite. I remember my parents always being there when we needed them any time of the day or night.

Today, I am a parent myself, blessed with a healthy, happy baby boy, but how times have changed! It seems we have developed a society in which it takes two incomes to make ends meet. So, our son has both a father and a mother who are hunter-gatherers or are working to support the family.

The hardest decision we as a family had to make was choosing child care for our son. We went to our local 4C (Child Care Council) for referrals for our interviewing process. Working with 4C, we were able to put together a plan of action that included the right questions to ask, parent's rights, what to look for, safety, budget and what to know when hiring a child care provider.

It is gut wrenching when you drop off your infant to be cared for by someone else, but it is a decision we made. With a solid plan of action, we were able to take some of the guess work out of finding the right child care provider.

This is an actual letter received from an anonymous parent.

Dear Day Care Provider,

I'm a parent that interviewed you yesterday to care for my daughter.

Everything you said sounded fine, but what I saw wasn't.

It was 10:00 a.m. and the TV was on. You said that the kids only watch 1/2 to 1 hour per day but the TV was still on when I left and because there were no toys out, the kids picked at each other. You seemed to only see the day care children misbehave, not your own son. He stuck his tongue out when you gave one boy time out.

When you cleaned up after snack, you washed all the children's faces with the same cloth.

There was a wet spot on the couch that smelled of urine. As you had just changed a diaper there before I arrived, I assumed it had leaked.

You have a cute name for your day care and a lot of good equipment that looks brand new. But I never saw any of the equipment being used; maybe that is how you keep everything spotless.

I told you I'd get back to you by phone, but I'm just sending this letter. Even with all of your certificates, I think I'll go someplace where the kids seem happy and can play with the toys.

I also don't want my daughter sitting on urine or have her face wiped with a used cloth.

WHAT GOES INTO A PARENT HANDBOOK?

Good parent/provider communication can prevent hassles. You can lay the foundation for good communication with a well-designed handbook.

Whether you care for six children in your family day care home or 106 in your corporate sponsored day care, having your practices and policies in writing makes good business sense.

Listed below are topics you might consider including in your parent handbook.

I. General Information About the Organization
- Name of facility
- Location of facility
    - Map
    - Directions
    - Telephone Number
    - Name(s) of Owner(s)
- Hours of operation
- Holidays when closed
- Type of service (e.g. day care, nursery school)
- Enrollment procedures
- Staff
    - Names
    - Titles
    - Qualifications-health/education/ /other
- Group size
- Equipment
- Program Philosophy-Your reason for being
- Program Goals-What you want to accomplish
- Program Objectives-How you will accomplish your goals
- Discipline policy

II. Registration Process
- Tax credit information
- Fee
- Forms
    - Child enrollment
    - Emergency information
    - Health/immunization
    - Family information
    - Field trip permission
- Criteria for admission
- Criteria for withdrawal
    - Parent-initiated
    - Child care-initiated

III. Payment Procedures
- Payment policy
- Late pick up fee policy
- Absence policy
- Vacation policy
- Additional fees

IV. Nutrition Policy
- Meals provided/served
- Parent agreement to provide food
- Posting weekly/monthly menus
- Dietary needs
    - Religious
    - Ethnic
    - Medical
    - Personal

V. Health and Safety Policies
- Permission for administering medication
- Permission from the doctor to return to child care
- Illness procedures
- Daily health checks of children
- Record update
    - Adult health records
    - Children's health records
        - Emergency information
        - Immunizations
        - Physicals

VI. Emergency Procedures
- Serious accident or injury
- Fire emergency plans
- Tornado emergency plans

VII. Clothing
- Change of clothing
- Appropriate clothing for activities
- Marking of clothing
- Seasonal/outdoor play

VIII. Responsibilities of Parent and Provider
- Parent volunteer work
- Custody of child issues
- Procedures for parent complaints
- Responsibility to report child abuse/neglect
- Quality child care programs
- Releasing of children

IX. Child Care/Home Communications
- Parent/teacher conferences
- Newsletters
- Parent bulletin board

X. Staff Policy
- Qualifications-education/health/other
- Selection
- Orientation
- Responsibilities
- Evaluation

XI. Resources
- Immediate community
- Extended community

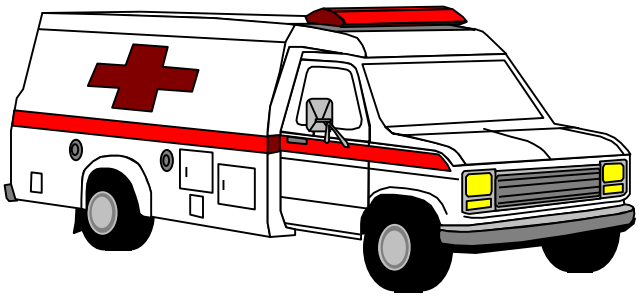
NOTE: The Parent Handbook should be reviewed periodically and updated when necessary.

An Extraordinary Day In The Life Of A Day Care Provider

Rhoda Tromp, Family Day Care Provider
Montague, Michigan

What started out as an ordinary Monday morning, June 30, 1997 turned out to be anything but ordinary. I had just come home from a week's vacation and felt rested and ready to get back in the busy routine of day care.

Normally on Monday mornings I have many available helpers, including my husband, eighteen year-old daughter, and three other children of my own, ages eleven to fifteen. Having had a day care in my home for 23 years, I always appreciate an extra pair of hands and eyes to help with the many tasks of keeping up with six active day care children.



On this day though, I had four day care children and no one to help since my family had decided to remain at the lake up north for a few additional days. It should have been a quiet, easy day. I was serving a morning snack to the three older children in my care when the thought occurred to me to check on three month-old Stephanie, whom I had put to bed a short time earlier. It was a hot morning, so I had the air conditioner turned on low and I wanted to make sure she was covered with her light blanket. I opened the door and studied her for a brief moment. Her blanket was covering her and she was lying on her back. But something didn't seem quite right. Her color was the first thing that alerted me; that and the fact that she was lying so still. I ran over to her and picked her up in my arms. I could tell instantly that something was wrong! She was not breathing and she felt cool and clammy to the touch. Her appearance was gray in color and she appeared lifeless.

My first reaction was to panic, but suddenly the training I had received in first aid and CPR classes clicked in my head. "Breathe for her, one small breath every three seconds," a voice in my mind seemed to say. I gave her several small breaths and then ran for the cordless telephone downstairs.

I had never called 911 before, but knew right away I needed professional help, and fast! I prayed I would stay calm enough to do the breathing right and that help would get here quickly. I took the baby to another room out of sight of the children seated at the kitchen table, including her three year old sister.

I had to lay the phone down after answering a few questions, because I couldn't concentrate on the baby and handle a phone conversation too. I picked it up again after I noticed the baby take a tiny breath, and it was about seven seconds later she took another small breath. I felt a miracle was unfolding before my very eyes. I never expected to see her breathe again, but the tiny breaths kept coming. The person on the other end of the telephone told me to keep giving her breaths until she was breathing well on her own. I could hear sirens in the distance and never did they sound so good. The paramedics responded quickly and I was grateful to entrust my tiny charge into their care.

Being a good day care provider takes lots of love, loads of patience and plenty of energy. It is a tremendous responsibility to be in charge of other people's most precious possessions. I am thankful that as a licensed day care provider I was required to receive training every couple of years in first aid and CPR. I am also grateful that I decided to take the additional classes in child care that were offered. I will never complain again about the classes I had to take in order to be licensed or the ones I will be required to take in the future. I would like to express my thanks to the Red Cross and the American Heart Association for teaching me CPR and first aid, as well as to those instructors who taught me how to respond in an emergency situation.

Stephanie is doing very well today. She is chubby and healthy and shows no signs of the traumatic experience we shared together. She is presently on a heart monitor and is still in my care. I, on the other hand, wasn't able to bounce back quite as fast. It was the scariest experience of my entire life. The emotional roller coaster I was on lasted for the better part of two weeks. The other children present that day are also doing well. It was quite amazing that they never seemed to fully sense the seriousness of that moment. Their comments to each other and to their parents were that "A nice policeman patted me on the head!"

I hope that my experience will encourage other day care providers to get the necessary training in order to be better equipped to handle emergency situations should they ever arise.

A REMINDER TO ALL LICENSED CHILD CARE PROVIDERS:

While Licensing Rule 1851 requires family day care home providers to have CPR and First Aid training sometime within the first three years of being registered, a situation like this suggests that you do it now. **Emergencies don't wait!**

Centers and group day care providers are required to have a staff person on duty who has ***current*** CPR and First Aid training. **The renewal of your license is contingent on meeting this requirement.**

Red Cross offers both CPR and first aid training that is accepted by the Division of Child Day Care Licensing. The American Heart Association offers CPR training that ***may*** be acceptable, but only specific training will be approved. Check with your licensing consultant if you are planning to be trained by the American Heart Association. For other CPR/First Aid Instructors approved by the Division of Child Day Care Licensing, contact your licensing consultant.

Every adult needs a child to teach -
it's the way adults learn

Author Unknown

LEAD PAINT WARNING!

Day care facilities constructed prior to 1978 are possible sources of lead poisoning to the children who attend those facilities. It was in 1978 that the Federal government banned lead-based paint for residential use. Older homes that are in poor repair or that may have moisture problems are likely to have chipping, flaking peeling or chalking lead-based paint. As this paint deteriorates, a lead paint dust is formed that may cause poisoning in young children if it is inhaled or ingested.

Normal play habits for infants and toddlers include hand-to-mouth activities. These activities increase the risk of lead poisoning, since the children often play on the floor where lead-based paint dust accumulates. Even small amounts of lead can be harmful to the developing neurological system of a child under age six.

The detection and reduction of lead hazards can be very costly; there are many simple methods of prevention that can be used. These include putting on rubber gloves and wet-wiping windows, sills, door and baseboards with trisodium phosphate (TSP) solution, damp mopping floors frequently with TSP, placing large furniture in front of chipping or peeling walls, to create a barrier. Lead is more readily absorbed on an empty stomach, so encourage regular meals with nutritious between-meal snacks. Frequent handwashing is very important, especially before meals and naps. If you have further questions about childhood lead poisoning, call your local health department or the Childhood Lead Poisoning Prevention Program (517) 335-8885.